

Instructions

Enclosed please find the check disc for your approval. We require written approval before proceeding with this project.

1. Please carefully review your project
2. Complete and fax this form to 1-925-579-5001.
3. This form is necessary for all Authoring Projects.
Changes and replication will not begin until we receive a signed copy of this form.

Job type: () Blu-ray () DVD () CD

Copy Protection: () AACSS () CSS () Macrovision Type 3 () None

AACS CPA ID: _____

Acutrack Job Number: _____

Project Title: _____

Release Number: _____

Company: _____

Contact: _____

Please select one of the options:

() Disc approved,
proceed with the replication.

()* Disc approved _____
subjected to change. _____

()* Disc NOT approved, _____
new changes required. _____

* Acutrack will gladly make corrections, however, Author's corrections are billed at \$90 per hour for CD and DVD, and \$150 per hour for Blu-ray.
(minimum 1 hour charge)

Signature: _____

Name: _____

Title: _____

Date: _____